PWE-262 Patients in england with inflammatory bowel disease (IBD) who develop colorectal cancer (CRC) have shortened survival when compared with patients with sporadic CRC

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Abstract

Introduction Ulcerative Colitis (UC) and Crohn's Disease (CD) are both implicated as risk factors for the development of colorectal cancer (CRC). It is unclear if this patient group has a poor survival after diagnosis. The aim of this study is to determine survival in Inflammatory Bowel Disease (IBD) associated CRC compared with sporadic CRC.

Method Patients with a diagnosis of both CRC and IBD were identified from a national administrative dataset (Hospital Episode Statistics – HES). Multivariable cox proportional hazards regression analyses (adjusting for gender, age, medical comorbidity, mode of admission, operation type, chemotherapy) were used to determine survival differences.

Results A total of 286,591 patients underwent surgery for CRC in England, between 1997–2012: 0.5% (n = 1,546) had UC and 0.3% (n = 776) had CD. Patients with IBD were diagnosed with CRC at a significantly younger age compared with sporadic patients (UC median age 64, CD median age 63, sporadic median age 71, p < 0.001). Long-term survival in patients with IBD was poor compared with sporadic CRC patients (HR 1.19, CI 1.12–1.26, p < 0.001). On sub-group analysis patients with UC had a 12% reduction in their survival (HR 1.12, CI 1.04–1.20, p = 0.003), whereas those with CD had a 32% reduction (HR 1.32, CI 1.20–1.45, p = <0.01). This difference in survival persisted even when adjusting for immediate post-operative mortality.

Conclusion IBD associated CRC develops at a younger age than sporadic CRC with poorer long-term survival, particularly for patients with CD. The reasons for shortened survival amongst IBD patients who develop CRC are unclear.